Service Learning Application Form

Name:	Date of activity:
Service Learning Activity:	
Location:	
Supervisor:	
Subject/Topic:	
Core Objective:	
How will this activity avamplify the apolifies	of the same chiestive or standard?
How will this activity exemplify the specifics	of the core objective or standard?
What agencies are potential partners for this ad	etivity?
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How will mastery of this core objective be der	nonstrated?
How will the work done in the service learning	activity be evaluated (quality standard)?
220 W W 222 420 W 0224 4004 224 224 224 224 224 224 224 2	, activity of evaluation (quality standard).
Student Signature	
Student Signature:Parent Signature:	
Supervisor Signature:	